

Facility Name/Address (Include)
 Facility Name/Location if different

NAME Monsanto Industrial Chemicals Company
 ADDRESS 9229 E. Marginal Way S.
P.O. Box 80963
Seattle, Washington 98108
 FACILITY Vanillin Production Plant
 LOCATION 9229 E. Marginal Way S., Seattle, WA

Monsanto Company 104(e) Response
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

(2-16) WA-000309-3
 PERMIT NUMBER
 (17-19) 001
 DISCHARGE NUMBER

MONITORING PERIOD
 FROM YEAR 85 MO 07 DAY 01 TO YEAR 85 MO 12 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

Form Approved
 OMB No. 2040-0004
 Expires 2-29-84

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (54-55)	MAXIMUM (56-57)	UNITS (58-59)	MINIMUM (46-47)	AVERAGE (48-49)	MAXIMUM (50-51)			
Flow	SAMPLE MEASUREMENT	0	0	gpd				0	Contin-	Calc.
	PERMIT REQUIREMENT	100,000	200,000						Monthly	Calc.
Temperature	SAMPLE MEASUREMENT	N.A.	N.A.	°F				0	N.A.	N. A.
	PERMIT REQUIREMENT	75	85						Monthly	Grab
pH	SAMPLE MEASUREMENT				N.A.		N.A.	0	N.A.	N. A.
	PERMIT REQUIREMENT				6.0		9.0		Monthly	Grab
Total Oils No visible sheen	SAMPLE MEASUREMENT						N.A.	0	N.A.	N. A.
	PERMIT REQUIREMENT						15	mg/L	Monthly	Grab
Zinc	SAMPLE MEASUREMENT					N.A.	N.A.	0	N.A.	N. A.
	PERMIT REQUIREMENT					1.0	1.5	mg/L	Monthly	Grab
Chlorine	SAMPLE MEASUREMENT						N.A.	0	N.A.	N. A.
	PERMIT REQUIREMENT						0.5	mg/L	Weekly	Grab
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David P. Alt Plant Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE 206 764-4450 AREA CODE NUMBER	DATE		
			86	01	03
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT David P. Alt					

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The flow of this outfall during the six-month reporting period was zero.

Monsanto Company 104(e) Response

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004
Expires 2-29-84

Facility Name/Location if different)

NAME Monsanto Industrial Chemicals CompanyADDRESS 9229 E. Marginal Way S.P.O. Box 80963Seattle, Washington 98108FACILITY Vanillin Production PlantLOCATION 9229 E. Marginal Way S., Seattle, WA

WA-000309-3

PERMIT NUMBER

001

DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
85	01	01	85	06	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	SAMPLE MEASUREMENT	240	17,280		---	---	---		0	Continuous	Calc.
	PERMIT REQUIREMENT	100,000	200,000	gpd	---	---	---			Monthly	Calc.
Temperature	SAMPLE MEASUREMENT	64	66		---	---	---		0	Monthly	Grab
	PERMIT REQUIREMENT	75	85	°F	---	---	---			Monthly	Grab
pH	SAMPLE MEASUREMENT	---	---		6.4	---	6.8		0	Monthly	Grab
	PERMIT REQUIREMENT	---	---		6.0	---	9.0			Monthly	Grab
Total Oils No visible sheen	SAMPLE MEASUREMENT	---	---		---	---	3		0	Monthly	Grab
	PERMIT REQUIREMENT	---	---		---	---	15	mg/L		Monthly	Grab
Zinc	SAMPLE MEASUREMENT	---	---		---	0.01	0.01		0	Monthly	Grab
	PERMIT REQUIREMENT	---	---		---	1.0	1.5	mg/L		Monthly	Grab
Chlorine	SAMPLE MEASUREMENT	---	---		---	---	0.2		2*	Weekly	Grab
	PERMIT REQUIREMENT	---	---		---	---	0.05	mg/L		Weekly	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David P. Alt Plant Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE 764-4454	DATE			
			85	07	03	
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT David P. Alt	AREA CODE 206	NUMBER 764-4454	YEAR 85	MO 07	DAY 03

*There was no measureable flow to the river during the time of these excursions.

**Monsanto Company 104(e) Response
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-0004
Expires 2-29-84


NAME Monsanto Industrial Chemicals Company
ADDRESS 9229 E. Marginal Way S.
P.O. Box 80963
Seattle, Washington 98108
FACILITY Vanillin Production Plant
LOCATION 9229 E. Marginal Way S., Seattle, WA

(2-16) (17-19)
WA-000309-3 001
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
84 07 01 84 12 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	SAMPLE MEASUREMENT	0	1,440	gpd	-	-	-	-	0	Monthly	Calc.
	PERMIT REQUIREMENT	100,000	200,000		---	---	---	---			
Temperature	SAMPLE MEASUREMENT	68	68	°F	-	-	-	-	0	Monthly	Grab
	PERMIT REQUIREMENT	75	85		---	---	---	---			
pH	SAMPLE MEASUREMENT	-	-	-	6.5	-	6.5	-	0	Monthly	Grab
	PERMIT REQUIREMENT	---	---		6.0	---	9.0	---			
Total Oils No visible sheen	SAMPLE MEASUREMENT	-	-	-	-	-	13	mg/L	0	Monthly	Grab
	PERMIT REQUIREMENT	---	---		---	---	15		---		
Zinc	SAMPLE MEASUREMENT	-	-	-	-	0.1	0.1	mg/L	0	Monthly	Grab
	PERMIT REQUIREMENT	---	---		---	1.0	1.5		---		
Chlorine	SAMPLE MEASUREMENT	-	-	-	-	-	0.02	mg/L	0	Weekly	Grab
	PERMIT REQUIREMENT	---	---		---	---	0.05		---		
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Ronald E. Rhoades Plant Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC. § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			206	764-4450	85	1	31

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Monsanto Company 104(e) Response
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT." If frequency was continuous, enter "NA".
5. Specify sample type ("grab" or "hr. composite") as applicable.
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

(12-13) WA ST	(4-16) 000309-3 PERMIT NUMBER	(17-19) DIS 2869 SIC	(20-21) 47 30'56"N LATITUDE	(22-23) 122 18'12"W LONGITUDE
REPORTING PERIOD: FROM		(24-26) 8 4 0 1 0 1 YEAR MO DAY	TO	
		(27-29) 8 4 0 6 3 0 YEAR MO DAY		

PARAMETER		(3 card only) QUANTITY				UNITS	NO. EX	(4 card only) CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
FLOW	REPORTED		18,000	36,000		gpd	0							Continuous	Calculate
	PERMIT CONDITION		100,000	200,000										1/30	Calculate
TEMPERATURE	REPORTED		64	72		°F	0							1/30	Grab
	PERMIT CONDITION		75	85										1/30	Grab
pH	REPORTED							6.9		8.1		0		1/30	Grab
	PERMIT CONDITION							6.0		9.0				1/30	Grab
TOTAL OILS	REPORTED									14		0		1/30	Grab
	PERMIT CONDITION									15				1/30	Grab
ZINC	REPORTED								0.3	1.3		0		1/30	Grab
	PERMIT CONDITION								1.0	1.5				1/30	Grab
CHLORINE	REPORTED									0.05		0		1/7	Grab
	PERMIT CONDITION									0.05				1/7	Grab
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	<i>R. E. Rhoades</i> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
LAST	FIRST	MI	TITLE	YEAR	MO		
Rhoades	Ronald E.		Plant Manager	8 4	0 7	0 3	

EPA Form 3320-1 (10-72)

PAGE OF

Monsanto Company 104(e) Response
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 155-R0073

INSTRUCTIONS.

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

(2-3) WA ST	(4-10) 000309-3 PERMIT NUMBER	(17-18) DIS	(19-20) 2869 SIC	(21-22) 47°30'56"N LATITUDE	(23-24) 122°18'12"W LONGITUDE
(20-21) (22-23) (24-25) 8 3 07 1 1 YEAR MO DAY			(26-27) (28-29) (30-31) 8 4 1 2 3 1 YEAR MO DAY		

REPORTING PERIOD: FROM TO

PARAMETER		(3 card only) QUANTITY				NO. EX	(4 card only) CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	REPORTED		10,800	141,120	gpd	0						Continuous	Calculate
	PERMIT CONDITION		100,000	200,000								1/30	Calculate
TEMPERATURE	REPORTED		69	75	°F	0						1/30	Grab
	PERMIT CONDITION		75	85								1/30	Grab
pH	REPORTED						5.5		6.8	pH	1	1/30	Grab
	PERMIT CONDITION						6.0		9.0			1/30	Grab
TOTAL OILS	REPORTED								7	mg/L	0	1/30	Grab
	PERMIT CONDITION								15			1/30	Grab
ZINC	REPORTED							0.04	0.1	mg/L	0	1/30	Grab
	PERMIT CONDITION							1.0	1.5			1/30	Grab
CHLORINE	REPORTED								0.10	mg/L	1	1/7	Grab
	PERMIT CONDITION								0.05			1/7	Grab
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	<i>Ronald E Rhodes</i> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
LAST	FIRST	MI	TITLE	YEAR	MO		
Rhoades, Ronald E.			Plant Manager	8/4	01	09	

EPA Form 3320-1 (10-72)

PAGE OF

Monsanto Company 104(e) Response
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORT

Form Approved
 OMB NO. 158-R0073

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3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

(12-1) WA ST	(4-10) 000309-3 PERMIT NUMBER	(17-10) DIS 2869 SIC	(20-21) 47°30'56"N LATITUDE	(22-23) 122°18'12"W LONGITUDE
REPORTING PERIOD: FROM		(20-21) 8 YEAR	(22-23) 3 MO	(24-25) 0 DAY
TO		(26-27) 8 YEAR	(28-29) 3 MO	(30-31) 0 DAY

PARAMETER		(3 card only) QUANTITY				UNITS	NO. EX	(4 card only) CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM						
FLOW	REPORTED		18,000	118,080	gpd	0							Continuous	Calculate	
	PERMIT CONDITION		100,000	200,000											
TEMPERATURE	REPORTED		60	69	°F	0							1/30	Grab	
	PERMIT CONDITION		75	85											
pH	REPORTED						5.3		8.0	pH	1	1/30	Grab		
	PERMIT CONDITION						6.0		9.0			1/30		Grab	
TOTAL OILS	REPORTED								29	mg/L	1	1/30	Grab		
	PERMIT CONDITION								15			1/30		Grab	
ZINC	REPORTED							0.1	0.1	mg/L	0	1/30	Grab		
	PERMIT CONDITION							1.0	1.5			1/30		Grab	
CHLORINE	REPORTED								0.3	mg/L	4	1/7	Grab		
	PERMIT CONDITION								0.05			1/7		Grab	
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	<i>Ronald E Rhoades</i> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Rhoades, Ronald E.			Plant Manager			8 3 0 7 1 2				
LAST	FIRST	MI	TITLE			YEAR	MO	DAY		